



OAKLAND HOUSING AUTHORITY SECTION 8 HOMEOWNERSHIP Questionnaire

Before filling out this questionnaire, please take a moment to read the brochure which explains the Section 8 Homeownership Program. This brochure should answer many of the questions you may have regarding the Oakland Housing Authority Section 8 Homeownership Program.

In order to assess your eligibility for Section 8 Homeownership, print and fill out the questionnaire below. Mail the completed questionnaire to: *Section 8 Homeownership Coordinator*
Oakland Housing Authority
1619 Harrison St.
Oakland, CA 94612

Please note: This is **not** an application for the Section 8 Homeownership Program or any other housing program. This questionnaire is used by the Oakland Housing Authority (OHA) to assess whether or not you are eligible for participation in the program.

You will receive a call or a letter in the mail that will explain whether or not you are eligible to participate in the Section 8 Homeownership Program. Clients who are eligible for participation in the Section 8 Homeownership Program will be invited to an orientation to learn more about the program.

Incomplete questionnaires *will not* be processed. Please read all the questions carefully and sign where indicated.

I. HOUSEHOLD INFORMATION

Client Name: _____
(Head of Household on Section 8 voucher)

Spouse (Co-borrower): _____
(This can be a spouse or another adult who will own interest in the property. ***Please note:*** this person ***must*** already be listed on your Section 8 rental voucher.)

Current Address: _____ How Long? _____

Previous Address: _____
(if less than 2 years
at current address) _____

Phone Number: Home (_____) _____ Work (_____) _____
Cell (_____) _____

II. SECTION 8 INFORMATION

- 1) Are you on Section 8 under the Oakland Housing Authority? _____
- 2) Section 8 Client Number: _____
- 3) Social Security Number: _____ - _____ - _____
- 4) Are you on the Family Self-Sufficiency Program? ☐ yes ☐ no ☐ enrollment pending
- 5) Current portion of rent you pay: \$ _____
- 6) Is the Head of Household or spouse:
- A) Elderly? _____
[Elderly is defined as being over 62 years of age]
- B) Disabled? _____
- 7) Is anyone else in the household disabled? ☐ yes ☐ no
- If yes, please indicate their name(s) below:
- Name: _____
- Name: _____
- Name: _____
- 8) Size of Household: _____
- 9) Voucher Size (# of Bedrooms): _____
- 10) Please list the people who reside with you on a permanent basis (more than 1 year), including minors. List their income source and the amount of their monthly income.

Name	Relation, age and Sex	Gross Monthly Income	Source of Income	Disabled?	Monthly Food Stamps?

III. HEAD OF HOUSEHOLD INCOME INFORMATION

*Please fill out the following income information for the **Head of Household**.*

11) Client Name/Head of Household: _____

12) Head of Household Information:

Date of Birth: _____ Race: _____ Age: _____

Gender: [] male [] female Marital Status: _____ Citizen: _____

13) Annual Gross Income: \$ _____/year

14) Employment History

Please list Head of Household's employment history for the last 2 years:

Name and Address of Employer	Occupation	Dates of Employment	Full-Time? (Full-time = at least 30 hours/week)

15) Source of Income:

A) If you are employed, do you receive any other Incomes?

Please list the source and the amount per month:

Alimony: \$ _____/month

Child Support: \$ _____/month

Welfare: \$ _____/month

Public Assistance: \$ _____/month

Food Stamps: \$ _____/month

Other Income: \$ _____/month ⇒ Source: _____

Other Income: \$ _____/month ⇒ Source: _____

B) If you are not employed, please list what income you receive and the amount per month.

Social Security: \$ _____/month

SSI: \$ _____/month

SSDI: \$ _____/month

Welfare: \$ _____/month

Public Assistance: \$ _____/month

Food Stamps: \$ _____/month

Other: \$ _____/month ⇒ Source: _____

Other: \$ _____/month ⇒ Source: _____

Other: \$ _____/month ⇒ Source: _____

IV. CO-BORROWER INCOME INFORMATION

*Please fill out the following income information for the **spouse or other adult** who will own interest in the property. Please note: this person must already be listed on your Section 8 voucher!*

16) Co-Borrower Name: _____

17) Co-Borrower Information:

Date of Birth: _____ Race: _____ Age: _____

Gender: [] male [] female Marital Status: _____ Citizen: _____

18) Annual Gross Income: \$ _____/year

19) Employment History

Please list Co-Borrower's employment history for the last 2 years:

Name and Address of Employer	Occupation	Dates of Employment	Full-Time? (Full-time = at least 30 hours/week)

20) Source of Income:

A) If you are employed, do you receive any other Incomes?

Please list the source and the amount per month:

Alimony: \$ _____/month

Child Support: \$ _____/month

Welfare: \$ _____/month

Public Assistance: \$ _____/month

Food Stamps: \$ _____/month

Other Income: \$ _____/month ⇒ Source: _____

Other Income: \$ _____/month ⇒ Source: _____

B) If you are not employed, please list what income you receive and the amount per month.

Social Security: \$ _____/month
SSI: \$ _____/month
SSDI: \$ _____/month
Welfare: \$ _____/month
Public Assistance: \$ _____/month
Food Stamps: \$ _____/month
Other: \$ _____/month ⇒ Source: _____
Other: \$ _____/month ⇒ Source: _____
Other: \$ _____/month ⇒ Source: _____

V. FINANCIAL INFORMATION

21) Debt

Please list the Head of Household and Co-Borrower's monthly payments for credit cards, car loans, child support payments, students loans.

Owed to:	Balance Outstanding:	Monthly Payment:

22) Monthly Expenses:

Utilities you pay:

Electricity/Gas: \$ _____/month

Water: \$ _____/month

Phone Bill: \$ _____/month

Cell Phone: \$ _____/month

Other: \$ _____/month

Other: \$ _____/month

23) Credit

Please fill out as much information as possible about the Head of Household and Co-Borrower's credit history. Credit is very important to homeownership because a bank or lender will be looking at your credit when you apply for a mortgage loan. OHA can work with you on resolving issues with your credit.

A) Do you have any credit problems? ☐ yes ☐ no

If yes, please provide details below. If you have a Bankruptcy or Foreclosure please indicate the date filed.

B) Co-borrower: Does the Co-borrower have any credit problems? ☐ yes ☐ no

If yes, please provide details below. If you have a Bankruptcy or Foreclosure please indicate the date filed.

24) Savings

A) Amount of savings you have available to be used as a downpayment: \$ _____

B) List sources of downpayment (i.e. bank accounts, gifts, etc.):

[Please keep in mind that you must have at least 1% of the purchase price of the home saved towards a downpayment. This money cannot be a gift or grant, it must come from your personal savings. If you are elderly or disabled, you must save up to the maximum amount allowable under social security guidelines. In Oakland, the average price of a home is about \$300,000. This means that you would need to save at least \$3,000, which is 1% of \$300,000.]

VI. FIRST-TIME HOMEBUYER CERTIFICATION

I certify that I have not owned a house or had any ownership interest in a house for the past 3 years.

Head of Household

Date

Co-Borrower

Date

VII. STATEMENT OF UNDERSTANDING

I understand that by signing below that everything I have provided here on this Questionnaire is true and accurate. I understand that this Questionnaire **is not** an application for the Section 8 Homeownership Program, but that this Questionnaire is used by the Oakland Housing Authority to assess my eligibility for the Section 8 Homeownership Program.

Head of Household

Date

Co-Borrower

Date

VIII. RELEASE OF INFORMATION

I authorize the Oakland Housing Authority to release any information or materials provided by me on this questionnaire and in my Section 8 file to any Federal, State, or local agency/organization, business or individual for the purpose of establishing my eligibility for and determining my participation in the Oakland Housing Authority Section 8 Homeownership Program.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Oakland Housing Authority. I understand I have a right to review my file and correct any information I can prove is incorrect.

Head of Household (signature)

Head of Household (print name)

Date

Co-Borrower (signature)

Co-Borrower (print name)

Date